



STUDY GUIDE
3rd Year MBBS
Gastroenterology Clinical Rotation 2025

Medicine and Allied specialties are taught in all five years of MBBS program of Rawalpindi Medical University, Rawalpindi. Third year Medicine and Allied Teaching is divided into Large Group Interactive Sessions (LGIS) and Clinical Clerkship/Rotation in Wards. This teaching is aligned with all components of main modules of 3rd Year. This document will provide an outline of the Third Year MBBS Gastroenterology teaching program.

RMU Motto



Curriculum Mission and Vision

Mission Statement

To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

Vision and Values

Highly recognized and accredited centre of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

Goals of the Undergraduate Integrated Modular Curriculum

The Undergraduate Integrated Learning Program is geared to provide you with quality medical education in an environment designed to:

- Provide thorough grounding in the basic theoretical concepts underpinning the practice of medicine.
- Develop and polish the skills required for providing medical services at all levels of the Health care delivery system.
- Help you attain and maintain the highest possible levels of ethical and professional conduct in your future life.
- Kindle a spirit of inquiry and acquisition of knowledge to help you attain personal and professional growth & excellence.

Preamble

This curriculum is according to the standards set by following organizations.

1. Foundation for Advancement of International Medical Education and Research (FAIMER)
2. Accreditation Council for Graduate Medical Education (ACGME)
3. World Federation for Medical Education (WFME)
4. Undergraduate Education Policy 2023 from Higher Education Commission (HEC)
5. Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

It is based on **SPICES** model of educational strategies which is student centered, problem based, integrated, community oriented and systematic.*

Teacher centered	→	Student centered	S
Information oriented	→	Problem based	P
Discipline based	→	Integrated	I
Hospital based	→	Community based	C
Standardized curriculum	→	Elective programs	E
Opportunistic	→	Systematic	S

*Harden, R. M., Sowden, S., & Dunn, W. R. (1984). Educational strategies in curriculum development: The SPICES model. Medical Education, 18, 284-297. <http://dx.doi.org/10.1111/j.1365-2923.1984.tb01024.x>



FAIMERTM
A Division of Intealth

Foundation for Advancement of International Medical Education and Research

Rawalpindi Medical University is in World Directory of Medical Schools

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Curriculum duration · Language of instruction · Prerequisite education · Operational Status · Clinical Education · Accreditation · Academic Year · Tuition paid by · Program delivery in other countries · Year Started · Genders admitted · Academic Facilities · Non-academic facilities · Alternate school names · Exam · Year · Location · Languages · Contact · School Details · Search

World Directory of Medical Schools

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Rawalpindi Medical University

Pakistan

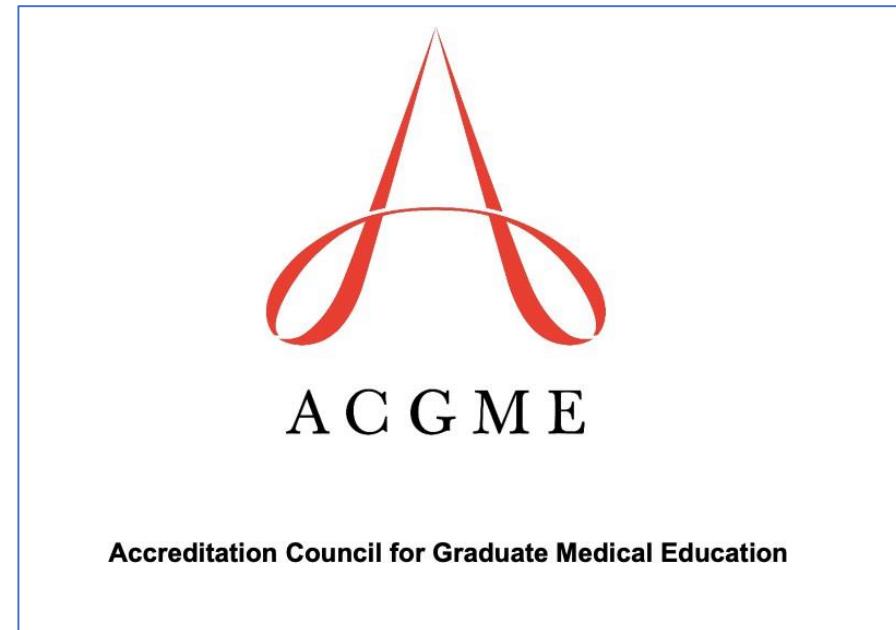
School Details Contact Information Program Details Sponsor Notes

School Type: Public
Year Instruction Started: 1974
Operational Status: Currently operational
Alternate Names: Rawalpindi Medical College (1974 - 2017)
Academic Affiliation: University of Health Sciences Lahore (Current)
University of the Punjab (Former)
School Website(s): [In English](#)

FAIMER SCHOOL ID: F0000151

According to Accreditation Council for Graduate Medical Education (ACGME) the competencies needed are:

- Honesty and Integrity
- Accountability and Transparency
- Equity and Fairness
- Diversity and Inclusion
- Excellence and Innovation
- Stewardship and Service
- Leadership and Collaboration
- Engagement of Stakeholders



The outcomes described by World Federation for Medical Education (WFME) are:

- Values
- Behaviors
- Skills
- Knowledge
- Preparedness for being a doctor



BASIC MEDICAL EDUCATION
WFME GLOBAL STANDARDS FOR
QUALITY IMPROVEMENT

The 2020 Revision

<https://wfme.org/wp-content/uploads/2020/12/WFME-BME-Standards->

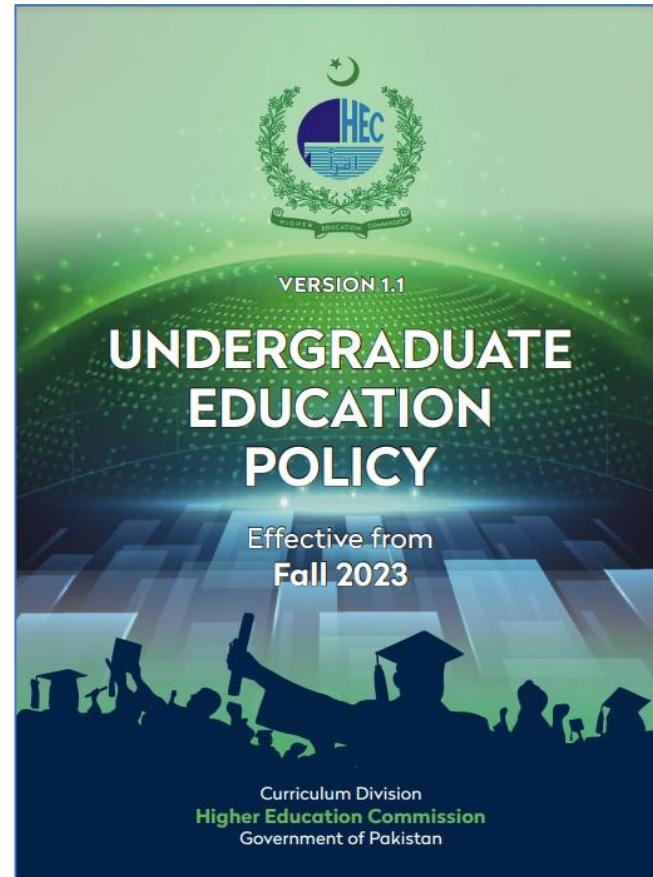
According to Undergraduate Education Policy 2023 from Higher Education Commission (HEC)

The primary objective of the policy is to promote the student success which is envisioned as the ability to comprehend and apply conceptual knowledge, acquire professional skills and competencies, and act as an individual having strong civic and ethical values of tolerance and inclusiveness.

The specific objectives of the policy include the following:

a) Competency Based Learning: To develop the 21 century outcomes of the learning process focusing mainly on: i. Knowledge (disciplinary, interdisciplinary, epistemic, procedural, etc.) ii. Skills (communication and soft skills, proficient use of ICT, integrated, analytical and quantitative reasoning, creative thinking, etc.) iii. Professional Behavior (self-regulation, time management, integrity, intellectual curiosity, intellectual openness, etc.) iv. Interpersonal Attributes (empathy, self-efficacy, teamwork, etc.)

b) Balance between Breadth and Depth: To ensure that the undergraduate education focuses not only on the main field of specialization but also



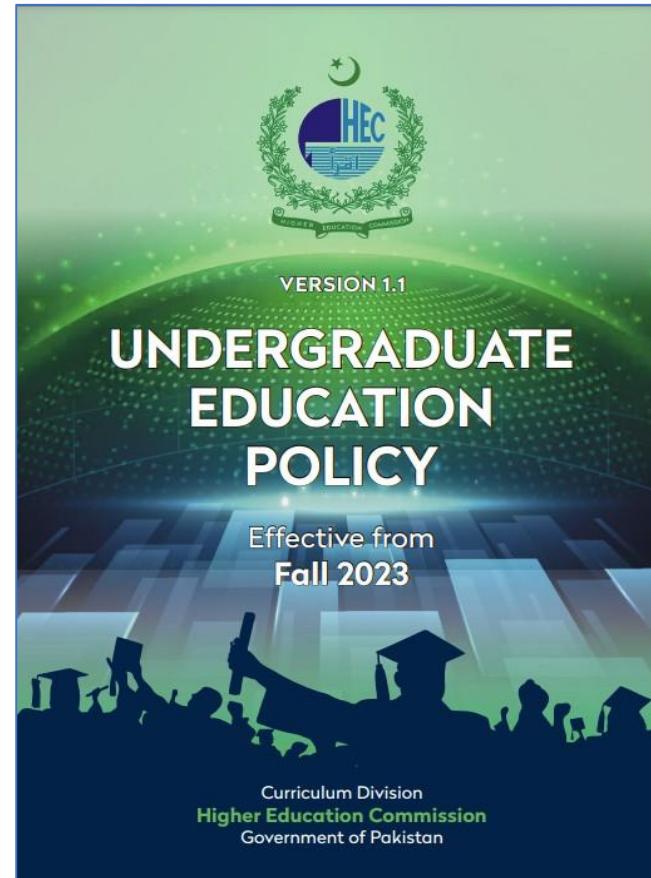
<https://www.hec.gov.pk/english/services/students/UEP/Documents/UGE->

provides exposure to the interdisciplinary areas of knowledge.

c) Applied Knowledge: To promote application of academic knowledge to effectively respond to real life, entrepreneurial and industry challenges and requirements.

d) Emphasis on Creativity: To equip students with the sense and ability to demonstrate creativity, curiosity, exploration and reflective problem solving.

e) Terminal Degree: To design all undergraduate degrees with an objective of making them sufficient to meet the requirements of the job market. It will however be at the discretion of the graduates to seek further education.



<https://www.hec.gov.pk/english/services/students/UEP/Documents/UGE->

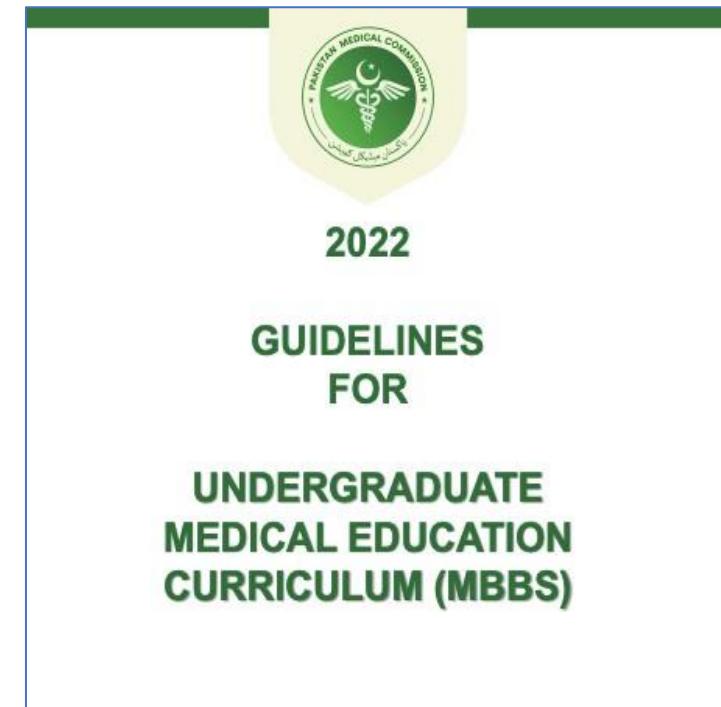
According to Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

Seven star doctor

Skillful Knowledgeable Community health promoter Critical thinker Professional Scholar Leader and role model

Skillful (Clinical, Cognitive and Patient Care Skills)

Takes a focused history Perform physical and psychological examination Formulates a provisional diagnosis Orders appropriate investigations Performs various common procedures Debates, formulates management plans Manages time and prioritizes tasks Ensures patient safety. Advises and counsels, educates, recognizes and takes into consideration issues of equality Describes and debates the reasons for the success or failures of various approaches



[https://pmc.gov.pk/Documents/Examinations/Guidelines%20for%20Undergraduate%20Medical%20Education%20Curriculum%20\(MBBS\).pdf](https://pmc.gov.pk/Documents/Examinations/Guidelines%20for%20Undergraduate%20Medical%20Education%20Curriculum%20(MBBS).pdf)

Knowledgeable (Scientific Knowledge for Good Medical Practice)

Differentiates, relates, applies and ensures knowledge is gained.

Community Health Promoter (Knowledge of Population Health and Healthcare Systems)

Understands their role and be able to take appropriate action Determinants of health impact on the community

Takes appropriate action for infectious non-communicable disease and injury prevention Evaluates national and global trends in morbidity and mortality Works as an effective member of health care team Adopts a multidisciplinary approach for health promotion Applies the basics of health systems Makes decisions for health care.

Critical thinker (Problem Solving and Reflective Practice)

Use of information	Critical data evaluation	Dealing
effectively with complexity, uncertainty and probability	Regular reflection on	
their practice	Initiating participating in or adopting to	
change,		
flexibility and problem solving approach		Commitment to quality assurance, Raising concerns about
public risks and patient safety.		

Professional (Behavior and Professionalism)

Life long, self-directed learner	Demonstrates continuous learning
Seeks peer feedback	Manages information effectively
Provides evidence of continuing career advancement	Functions effectively as a mentor and a trainer, responds
positively to appraisals and feedback	Altruistic and empathetic
Ethical, Collaborator, Communicator.	

Scholar and Researcher

- a. Identifies a researchable problem and critically reviews the literature
- Phrases succinct research questions and formulates hypotheses
- b. Identifies the appropriate research design(s) in epidemiology and analytical tests in biostatistics to answer the research question.
- c. Collects, analyzes and evaluates data, and presents results.
- d. Demonstrates ethics in conducting research and in ownership of intellectual property.

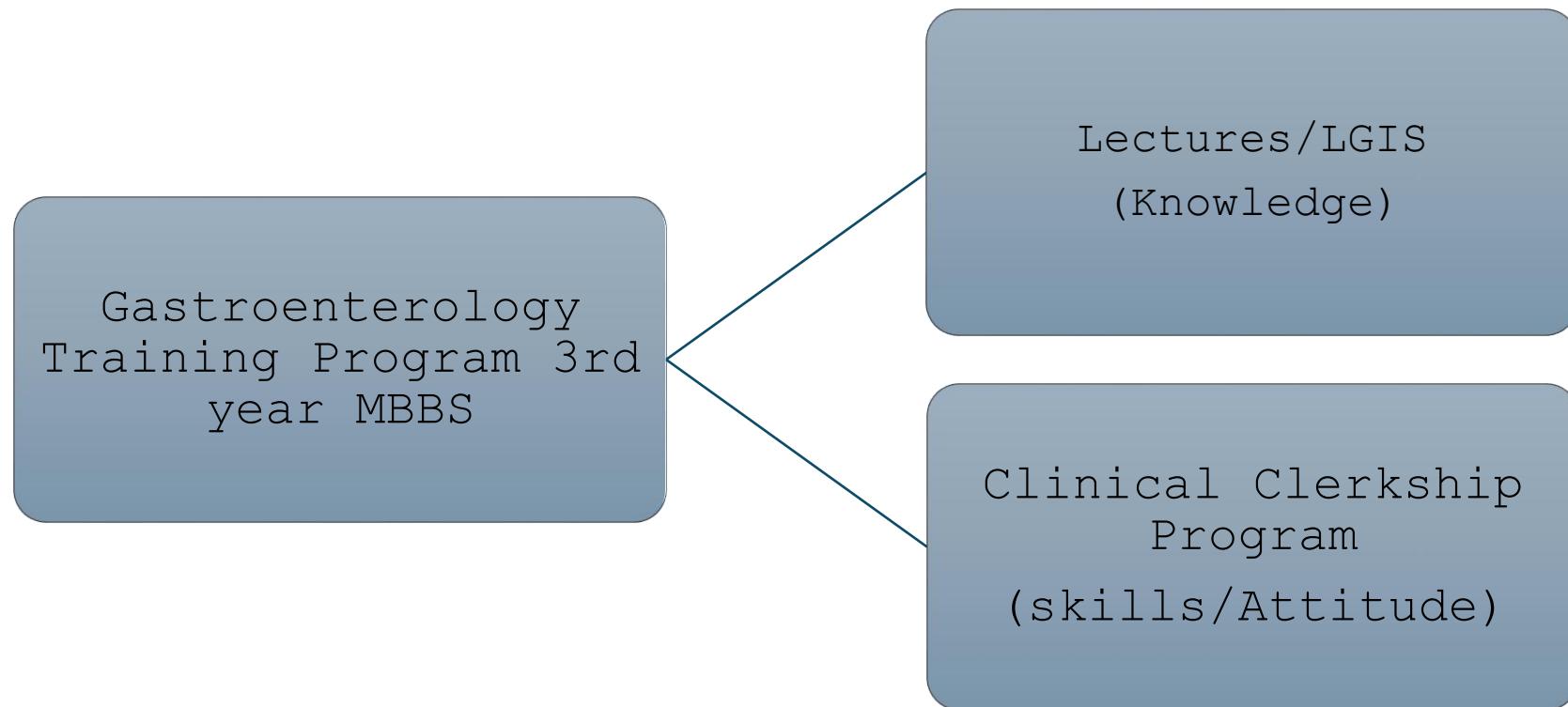
Leader and Role Model

Demonstrates exemplary conduct and leadership potential in a. advancing healthcare b. enhancing medical education c. initiating, participating in and adapting to change, using scientific evidence and approaches d. Enhancing the trust of the public in the medical profession by being exceptional role model at work and also when away e. accepting leadership roles f. Providing leadership in issues concerning society.

- Appreciate concepts & importance of
 - **Research**
 - **Biomedical ethics**
 - **Family medicine**
 - **Artificial Intelligence**

This module will run in 6 weeks duration. The content will be covered through introduction of topics. Instructional strategies are given in the time table and learning objectives are given in the study guides. Study guides will be uploaded on the university website.

GASTROENTEROLOGY TEACHING 3rd YEAR MBBS



Gastroenterology Teaching Hours of 3rd Year MBBS

	Details	Schedule Duration
		Total 3 months module
Lectures	One hour, 2 per week × 7 lectures	07 hours
Clinical Clerkship in Wards	Gastroenterology = 8:00-10:30am, 4 days a week × 02	20 hours
Evening in wards and emergency	3 hours, twice a week = 6 hours	12 hours
Self-directed study	1 hour, 4 times week = 4 hours/week	08 hours
		47 hours

Lectures/LGIS detail for Third Year MBBS 2025

GI Module		
Sr. #	Topic	Teacher
1	Introduction, symptoms and analysis of GI investigations	Dr. Sadia Ahmed/Dr.Aqsa Naseer
2	Approach to a patient with Dyspepsia	Dr. Sadia Ahmed/Dr.Tayyab Saeed Akhter
3	Approach to a patient with upper GI bleed	Dr. Sadia Ahmed/Dr.Anam Shakeel
4	Approach to a patient with Ascites	Dr. Sadia Ahmed/Anam Shakeel
5	Approach to a patient with Jaundice	Dr. Sadia Ahmed/Dr.Anum Abbas
6	Medical aspect of parasitology	Dr. Tayyab Saeed Akhter/Dr.Anum Abbas
7	Seminar on Hepatitis	Dr. Sadia Ahmed/Dr.Aqsa Naseer

Course Content of LGIS (Knowledge)

Sr #	Date	Day	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
								C1	C2	C3		

GI Module

1		FRIDAY	Dr. Sadia Ahmed/ Dr. Aqsa Naseer	GI Module	Introduction , GI symptomatology and analysis of GI investigations	<p>a) Define this condition and Discuss epidemiology and risk factors associated with this condition) Discuss relevant qualifications in history of common presentations in Gastroenterology</p> <p>Describe important investigations (e.g. endoscopy) in Gastroenterology and their indications and interpretation of results</p>	<p>LGIS /PPT /</p> <p>Case Vignette</p>	✓		A3	SEQS, MCQs, OSPE
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2	SATURDAY	Dr. Sadia Ahmed/ Dr.Tayyab Saeed Akhter	GI Module	Approach to a patient with Dyspepsia	Define dyspepsia. Describe pathophysiology of gastric acid secretion. Describe and discuss different clinical presentations and treatment options for Dyspepsia	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE
3	FRIDAY	Dr.Sadia Ahmed/ Dr.Anam Shakeel	GI Module	Approac h to a patient with upper GI bleed	Should know the definition of hematemesis, melena and hematochezia. Describe anatomical basis and Patho-physiological correlation of GI bleed e.g. potential bleeding areas and mechanism of bleeding from the gut. Discuss common causes of GI bleeding.	LGIS/PPT/ Case Vignette	✓		A3	SEQS, MCQs, OSPE

4	SATYRDAY	Dr. Sadia Ahmed/ Dr.Anam Shakeel	GI Module	Approach to a patient with Ascites	Able to define Ascites. Explain pathophysiology of Ascites. Describe etiology Of Ascites. Classify different types of Ascites.	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE
5	FRIDAY	Dr. Sadia Ahmed/ Dr.Anum Abbas	GI Module	Approach to a patient with Jaundice	Should be able to discuss and describe Bilirubin metabolism and pathophysiology of Jaundice as increased bilirubin production, decreased bilirubin uptake, obstruction in biliary tree. Relevant questions to elaborate and differentiate between different causes of jaundice for example Pre-hepatic, hepatic and post hepatic. Associated symptoms of jaundice that clarify cause like anemia, loss of appetite, fever, dark urine, clay stools and pruritus	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE
6	FRIDAY	Dr. Tayyab Saeed/ Dr.Anum Abbas	GI Module	Medical aspect of parasitology	Discuss common intestinal parasitic infections e.g. amebiasis, giardiasis, ascariasis, schistosomiasis. Describe and discuss clinical	LGIS/PPT/	✓		A3	SEQS, MCQs, OSPE

						features of common parasitic infections Discuss relevant questions on history to differentiate between different parasitic infections. Overview of treatment					
7	SATURDAY	Dr. Sadia Ahmed/ Dr.Aqsa Naseer	GI Module	Seminar on Hepatitis		Student should be able to define acute and chronic viral hepatitis and Different types of viruses causing Hepatitis and their natural course of disease. Describe Clinical features and complications of viral hepatitis. Describe Investigations to diagnosis different viral hepatitis and for complications.	LGIS/PPT/	✓	A3	SEQS, MCQs, OSPE	

Gastroenterology Clinical Training Program (Skill/ Attitude)

Clinical Module

Date	Day	Class		Consultant/ PGT	Evening Duties
		8:30 – 9:30 am	9:30 –10:00 am		
WEEK 1	Monday	Student Gathering and Orientation to Gastroenterology components in 3 rd year, MBBS, including medical ethics	Introduction to different GI symptomatology (jaundice, Malena, hematemesis, hematochezia, diarrhea, abdominal pain, dysphagia, odynophagia, abdominal distension, nausea, vomiting)	Clinical methods (Hands on training)	HOD Batch A: ER Batch B: Ward
WEEK 1	Tuesday	Art of History Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness. Systemic Inquiry, Past Medical History, Family History, Occupational History, Personal History, Travel History, Blood transfusion history Developmental+ Obstetrics History.	Small Group Interactive session (GI symptomatology)	Clinical methods (Hands on training) General physical examination (focus on Gastrointestinal & Hepatology)	AP/ Senior Registrar Batch A: Ward Batch B: ER

WEEK 1	Wednesday	Abdominal examination: Inspection Palpation, including superficial, deep for visceromegaly, abdominal masses.	Small Group Interactive session (History taking components, including systemic inquiry	Clinical methods (Hands on training) Abdominal examination, including inspection, palpation	AP/ Senior Registrar	Batch C: ER Batch D: Ward
WEEK 1	Thursday	Abdominal examination: Inspection Palpation, including superficial, deep for visceromegaly, abdominal masses, Percussion including shifting dullness, fluid thrill and visceral/ mass, and Auscultation of bowel sound, visceral bruit	Small Group Interactive session (GPE)	Clinical methods (Hands on training) Abdominal examination, including inspection, palpation, Percussion and Auscultation.	AP/ Senior Registrar	Batch C: Ward Batch D: ER
WEEK 2	Monday	Reinforcement of GI history taking and examinations including (hematemesis, melena, jaundice, dysphagia, diarrhea, abdominal pain, GPE (palmar erythema, koilonychia, leukonychia, clubbing , Dupuytren contracture, LN, jaundice, eye brow/ lashes, oral	Small Group Interactive session (CBD, regarding upper GI Bleed, VB / NVB)	Clinical methods (Hands on training), GPE Abdominal examination, including inspection, palpation,	HOD	Batch A: ER Batch B: Ward

		cavity, edema, gynecomastia, wasting, proximal myopathy), inspection, palpation, percussion and auscultation.		Percussion and Auscultation.		
WEEK 2	Tuesday	Approach to patient with Gastrointestinal bleed, including causes, clinical signs, investigations plan and initial management	Small Group Interactive session (CBD on acid peptic disease/ GERD	Small Group Interactive session (CBD on acid peptic disease/ GERD)	AP/ Senior Registrar	Batch A: Ward Batch B: ER
Week 2	Wednesday	Approach to patient with ascites, including causes, clinical signs, investigations plan and initial management	Small Group Interactive session (CBD on abdominal distension/ jaundice	Small Group Discussion / Activity (Patient Counseling)	AP/ Senior Registrar	Batch C: ER Batch D: Ward
Week 2	Thursday	Ward test			All faculty	

Evening Schedule Third Year MBBS 2025

BATCH A	BATCH B	BATCH C	BATCH D
Roll No.	Roll No.	Roll No.	Roll No.
Roll No.	Roll No.	Roll No.	Roll No.
Roll No.	Roll No.	Roll No.	Roll No.
Roll No.	Roll No.	Roll No.	Roll No.
Roll No.	Roll No.	Roll No.	Roll No.

- Each batch will perform one duty per week from 2:00 to 8:00 pm.
- Monday and Wednesday in ER
- Tuesday and Thursday in Ward.
- Please report to the on call Registrar on arrival and on leaving the ward/ER.

Bed Allotment for Third Year MBBS

Sr. No.	Roll No.	Bed Number
1	Roll no.	1
2	Roll no.	2
3	Roll no.	3
4	Roll no.	4
5	Roll no.	5
6	Roll no.	6
7	Roll no.	7
8	Roll no.	8
9	Roll no.	9
10	Roll no.	10
11	Roll no.	11
12	Roll no.	12
13	Roll no.	
14	Roll no.	
15	Roll no.	
16	Roll no.	
17	Roll no.	
18	Roll no.	
19	Roll no.	
20	Roll no.	
21	Roll no.	
22	Roll no.	
23	Roll no.	
24	Roll no.	

History Taking and Physical Exam Checklist

		Student	Tutor
1. Setting the stage for the Interview			
a. Introduction and greeting			
b. Asked patient's name and age, occupation, education, residence, mode and date of admission			
2. Presenting Complaints			
a. Used concise, easily understood questions and complaints (avoid medical terminology)			
b. with duration in chronological order			
3. History of present illness (HPI)			
a. Used open-ended and closed questions appropriately, moving from open to closed.			
b. Characteristics (both quality and severity)			
c. Location and/or radiation			
d. Onset and/or duration			
e. Symptoms associated with the concern			
f. Exacerbating factors			
g. Relieving factors			

h. Details of all presenting complaints mentioned above		
4. Systemic Review		
a. General		
b. Skin		
c. Change in skin color, rash, nail or hair changes		
c. Respiratory		
Cough, Shortness of breath? (dyspnea), Wheezing or tightness in your chest?		
Sputum/phlegm or blood in cough (hemoptysis)?, Chest pain with coughing or breathing? (pleurisy)		
D Cardiovascular		
Chest pain, Shortness of breath when lying down or need to sit up to breathe? (orthopnea) or at night (paroxysmal nocturnal dyspnea) Feet swelling? (edema),		
Irregular heartbeats or sensation that your heart is racing or skipping beats? (palpitations)		
e. Gastrointestinal		
Difficulty swallowing? (dysphagia), Heartburn? (reflux). Nausea, vomiting, blood in vomiting (hematemesis), Pain abdomen, Excessive belching/burping?, Excessive gas? (flatulence)		
Difficult or infrequent bowel movements (constipation)?, Loose or frequent bowel movements (diarrhea)?		
Bloody or black tarry stools? (melena), Yellowish discoloration of the skin/sclera with dark urine (jaundice)		
Rectal pain, rectal discharge or rectal itching (pruritic ani)?		
f. Neurologic		
Fainting or passing out? (syncope), Seizures?, Weaknesses on one side of your body? (paralysis)		
Shaking that you can't stop? (tremors), Loss of feeling (anesthesia) or numbness (paresthesia) in part of your body? Headache		
Dizziness?, Loss of balance or lack of coordination? (incoordination), Alterations in consciousness?		
g. Endocrine		
a. Swelling in neck, Feeling unusually hot or cold? (heat/cold intolerance), Loss of sexual drive? (libido)		
Excessive thirst?, Hat/ring / glove size getting bigger? (enlarging glove or hat size)		

d. Hematopoietic		
a. Swelling, lumps or bumps anywhere. (lymphadenopathy, enlarging glands), Bleeding or bruising tendencies? Frequent or unusual infections?		
h. Musculoskeletal		
Frequent fractures? Trouble with your joints such as pain, stiffness or swelling?, Muscle pain or weakness? Low back pain?, Difficulty moving or walking?, Aching or cramping pain in calves while walking? (claudication)		
f. Head and Neck		
Headaches?, Head injury? (trauma), Neck stiffness?		
g. Eyes		
a. Bright flashes of light?, Changes in vision?, Spots in visual field (floaters)?, Double vision? (diplopia), Pain, redness of eyes		
h. Ears, Nose, Sinuses, Mouth and Throat		
b. Sore throat?		
c. Painful tooth?		
d. Decreased or a change in your sense of taste?		
e. Difficult speech/ hoarseness of voice		
f. Nasal drainage or nosebleeds? (epistaxis)		
g. Loss of hearing		
h. Ringing in ears		
i. Breasts		
a. Pain/ mass / discharge		
j. Male Reproductive		
b. Lump or swelling of your scrotum? (scrotal swelling or mass/ hernia)		
c. Scrotal pain?		
d. Discharge from your penis? (urethral discharge)		
e. Sores on your penis?		
k. Psychiatric		

a. Nervousness? (anxiety)		
b. Being sad or blue? (depression)		
c. Having a really up mood? (mania)		
d. Seeing or hearing things that don't exist? (hallucinations)		
i. Breasts		
a. Pain/ mass / discharge		
j. Male Reproductive		
a. Lump or swelling of your scrotum? (scrotal swelling or mass/ hernia)		
i. Breasts		
b. Pain/ mass / discharge		
j. Male Reproductive		
c. Lump or swelling of your scrotum? (scrotal swelling or mass/ hernia)		
d. Scrotal pain?		
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c. Having a really up mood? (mania)		
d. Seeing or hearing things that don't exist? (hallucinations)		
i. Breasts		
a. Pain/ mass / discharge		
j. Male Reproductive		
a. Lump or swelling of your scrotum? (scrotal swelling or mass/ hernia)		
b. Scrotal pain?		

General Physical Examination

	Student	Tutor
1. Greetings		
2. Informed content		
3. Adequate exposure		
4. General appearance (young/ old, healthy/ill)		
5. Physique (normal, tall/short, obese/thin lean, puffy)		
6. Consciousness (alert, confused, drowsy, unconscious)		
7. Posture		
8. BMI		
Vital Signs		
1. Blood pressure(mmHg)		
2. Pulse per minute, rate, rhythm, character, volume, peripheral pulses, radio radial delay, radio femoral delay, condition of vessel wall		
3. Temperature		
4. Respiratory rate per minute		
5. Hydration status		
Hand examination		
1. Nails (cyanosis, koilonychia, clubbing, splinter hemorrhage, leukonychia, pitting, half and half nails)		
2. Fingers (Osler's nodes, Heberden's nodes, Bouchard's node, joint swelling, deformity of fingers, arachnodactyly)		

3. Palm (palmer erythema, sweating, Dupuytren's contracture)		
4. Face (puffiness, proptosis, xanthelasmas, color of lower conjunctiva, sclera color, skin color, rash, hirsutism, parotid glands, lips, tongue)		
5. Neck (thyroid, neck veins, lymph nodes)		
6. Axilla (lymph nodes)		
7. Groin (lymph nodes)		
8. Feet (clubbing, koilonychia, cyanosis, loss of hair, edema)		
9. Edema (dorsum of foot, behind medial malleolus, shin, sacrum)		
Radial pulse, rate, rhythm, volume, character, radio radial delay, radio femoral delay, condition of vessel wall, palpation of all peripheral pulses		
Jugular venous pulse (JVP)		

Examination of Abdomen

Inspection	Student	Tutor
Shape of abdomen, Movements of abdominal wall, Umbilicus, Pulsations, Scar, Striae, Prominent veins, Pubic hairs, Hernia orifices		
Palpation		
1. Superficial palpation		
2. Deep palpation		
3. Palpation of viscera (liver, spleen, kidneys, urinary bladder)		
4. Dipping palpation		
Percussion		
1. For viscera (liver, spleen, urinary bladder, other masses)		
2. For ascites (shifting dullness, fluid thrill)		
Auscultation		
Bowel sounds, Bruit, Friction sounds		
Groin and genitalia		
1. Hernias (inguinal, femoral)		
2. Male/ female genitalia		
3. Rectal examination		

History No. 1**Demographic details:**

Patient's name: _____ Age _____ Sex _____ Occupation _____

Date of Admission _____ Mode of Admission ER/OPD _____ Admission No. _____

Ward _____ Bed No. _____ Contact Details _____

Presenting Complaints with duration

Premorbid complaints/conditions

History of presenting complaints/Illness

SYSTEMIC INQUIRY**GENERAL COMPLAINTS**

Appetite, weight loss, fever, fatigability, sleep pattern, mood changes, any other

RESPIRATORY SYSTEM

Cough, sputum, hemoptysis, dyspnea, sinusitis, any other

CARDIOVASCULAR SYSTEM

Shortness of breath, chest pain, orthopnea, PND, palpitations, edema, claudication, any other

GASTROINTESTINAL SYSTEM

Nausea, vomiting, dyspepsia, haematemesis, jaundice, bowel habits, diet, any other

GENITOURINARY SYSTEM

Oliguria, polyuria, urgency, hesitancy, incontinence, impotence, menstruation, any other

NERVOUS SYSTEM

Headache, blackouts, fits, tremors, paresthesia, paralysis, gait disturbances, any other

MUSCULOSKELETAL SYSTEM

Myalgias, arthralgias, arthritis, any other

OBSTETRIC DETAIL

Pregnancy, C-section, normal deliveries, transfusion, other

Past history _____

Personal History _____

Family History _____

Drug history/Treatment history _____

Menstrual and obstetric history in case of female _____

Socioeconomic history _____

History of allergies _____

Conclusion/diagnosis _____

Tutor Signature _____

History No. 2

Demographic details:

Patient's name: _____

Age _____

Sex _____

Occupation _____

Date of Admission _____

Mode of Admission ER/OPD _____

Admission No. _____

Ward _____

Bed No. _____

Contact Details _____

Presenting Complaints with duration

Premorbid complaints/conditions

History of presenting complaints/Illness

SYSTEMIC INQUIRY

Past History

Personal History

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Family History

www.english-test.net

Drug history/Treatment history

Menstrual and obstetric history in case of female

Socioeconomic history

History of allergies

Conclusion/diagnosis _____

Tutor Signature _____

History No. 3

Demographic details:

Patient's name: _____

Age _____

Sex _____

Occupation _____

Date of Admission _____

Mode of Admission ER/OPD _____

Admission No. _____

Ward _____

Bed No. _____

Contact Details _____

Presenting Complaints with duration

Premorbid complaints/conditions

History of presenting complaints/Illness

SYSTEMIC INQUIRY

Past History

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Personal History

Family History

Drug history/Treatment history

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Menstrual and obstetric history in case of female

Socioeconomic history

History of allergies

Conclusion/diagnosis _____

Tutor Signature _____

History No. 4

Demographic details:

Patient's name: _____

Age _____

Sex _____

Occupation _____

Date of Admission _____

Mode of Admission ER/OPD _____

Admission No. _____

Ward _____

Bed No. _____

Contact Details _____

Presenting Complaints with duration

Premorbid complaints/conditions

History of presenting complaints/Illness

SYSTEMIC INQUIRY

Past History

Page 10 of 10

Personal History

Page 10 of 10

Family History

Page 10 of 10

Drug history/Treatment history

Page 10 of 10

Menstrual and obstetric history in case of female

Socioeconomic history

History of allergies

Conclusion/diagnosis _____

Tutor Signature_____

GENERAL PHYSICAL EXAMINATION-1

Date _____

Unit/ward _____

Appearance, Behavior, Posture, Build, State of Nutrition and Dehydration

Vitals: BP _____ Pulse _____ Temp _____ Respiratory Rate _____

Weight _____ Height _____ BMI _____

HANDS:

Shape,	Temperature	Deformity	Grip	Nails
Clubbing	Koilonychia	Leukonychia	Color,	Pits
Heberden Nodes,	Bouchard Nodes	Digital Infart,	Periungual,	Telangiectasia's
Splinter Hemorrhage	Onycholysis	Baselines,	Paronychia	
Dupuytren Contracture	Spindling of Finger	Ulnar deviation,		
Palma Erythema,	Henar and Hypothenar	Muscles,		
Dorsal Guttering,	Tremors	Flaps		

HAIR AND SCALP

Color of Hairs,	Texture of Hair,	Frontal baldness,	Temporal Recession,	Alopecia,
Anxious Faces,	Faces,	Facial Puffiness,	Periorbital Puffiness,	Mask like Face
Anemia	Depressed looking,			
Facial Asymmetry,	Dehydration,	Oral Hygiene	Body odor	
Lips Color,	Angle of mouth or Stomatitis,		Coating of Tongue.	

Teeth: Carries

Missing

Brown Line

Blue Line

Complexion: Pale

Cyanosed

Plethoric

Sallow Cherry Red

Neck: Thyroid _____

Signs of Thyrotoxicosis: Staring look _____ Lid retraction _____ Lid lag _____ Exophthalmos _____ Tremors _____

Lymph nodes: Cervical Lymph nodes, Sites , Number, size, tenderness Discreet or matted Temperature over skin,

Scarring of skins, Sinus , Discharge, Adherent to deep structures, soft, firm , hard

Axillary Nodes

Sites, Number, Size, Tenderness, Discrete or matted, soft, firm , hard

Temperature over skin, Scarring of skin, Sinus , Discharge, Adherent to deep structures

Soft, firm, hard,

Inguinal Nodes Sites, Number, Size, Tenderness, Discrete or Matted Soft , Firm, Hard Discharge,

Temperature over skin, Skin, Scarring of skin, Sinus, Discharge, Adherent to deep structure.

Sacral and Pedal Edema _____

Conclusion /Diagnosis _____ **Tutor Signature** _____

GENERAL PHYSICAL EXAMINATION-2

Patient's name: _____ Age _____ Sex _____ Occupation _____

Date of Admission _____ Mode of Admission ER/OPD _____ Admission No. _____

Ward _____ Bed No. _____ Contact Details _____

Conclusion /Diagnosis _____

Tutor Signature _____

GENERAL PHYSICAL EXAMINATION-3

Patient's name: _____ Age _____ Sex _____ Occupation _____

Date of Admission _____ **Mode of Admission ER/OPD** _____ **Admission No.** _____

Ward _____ Bed No. _____ Contact Details _____

Conclusion /Diagnosis _____ Tutor Signature _____

GENERAL PHYSICAL EXAMINATION-4

Patient's name: _____ Age _____ Sex _____ Occupation _____

Date of Admission _____ **Mode of Admission ER/OPD** _____ **Admission No.** _____

Ward _____ Bed No. _____ Contact Details _____

Conclusion /Diagnosis _____ Tutor Signature _____

GENERAL PHYSICAL EXAMINATION-5

Patient's name: _____ Age _____ Sex _____ Occupation _____

Date of Admission _____ **Mode of Admission ER/OPD** _____ **Admission No.** _____

Ward _____ Bed No. _____ Contact Details _____

Conclusion /Diagnosis _____ Tutor Signature _____

GASTROINTESTINAL SYSTEM EXAMINATION (GIT)-1

Oro dental Hygiene _____

Teeth _____ Tongue _____

Mucous Membrane _____

Inspection of Abdomen

Shape _____

Umbilicus _____

Symmetry _____

Scars _____

Striae _____

Visible Veins _____ Respiratory

Movements _____

Visible Peristalsis _____

Pulsations _____ Hernial

Orifices _____

External Genitalia _____
Other _____

Gynecomastia _____

Palpation

Superficial Palpation _____

Deep Palpation _____

Visceral Palpation

- Liver _____
- Spleen _____

- Kidney _____
- Bladder _____
- Lymph node _____
- Abdominal Aorta _____
- Fluid Thrill _____
- Any Mass _____

Percussion

- Percussion Note _____
- Shifting Dullness _____

Auscultation

- Bowels Sounds _____
- Succussion Splash _____
- Bruits _____
- Venous Hum _____
- Peri-Hepatic / Peri Splenic Rub _____
- Auscultation of Hernia Sac _____

Rectal Examination _____ Conclusion / Diagnosis _____

Signature of Tutor _____

GASTROINTESTINAL SYSTEM EXAMINATION (GIT)-2

Patient's name: _____ Age _____ Sex _____ Occupation _____

Date of Admission _____ **Mode of Admission ER/OPD** _____ **Admission No.** _____

Ward _____ Bed No. _____ Contact Details _____

Conclusion /Diagnosis _____ **Tutor Signature** _____

EXAMINATION OF GASTROINTESTINAL SYSTEM-3

Patient's name: _____ Age _____ Sex _____ Occupation _____

Date of Admission _____ Mode of Admission ER/OPD _____ Admission No. _____

Ward _____ Bed No. _____ Contact Details _____

Conclusion /Diagnosis _____ Tutor Signature _____

EXAMINATION OF GASTROINTESTINAL SYSTEM-4

Patient's name: _____ Age _____ Sex _____ Occupation _____

Date of Admission _____ Mode of Admission ER/OPD _____ Admission No. _____

Ward _____ Bed No. _____ Contact Details _____

Conclusion /Diagnosis

Tutor Signature

History Taking and Physical Exam Checklist

1. Setting the stage for the interview	<input checked="" type="checkbox"/> Checked	<input type="checkbox"/> Unchecked
a. Introduction and greeting		
b. Asked patient's name and age, occupation, education, residence, mode and date of admission		
2. Presenting Complaints		
a. Used concise, easily understood questions and complaints (avoid medical terminology) with duration in chronological order		
3. History of present illness (HPI)		
Used open-ended and closed questions appropriately of each symptom, moving from open to closed.		
a. Onset		
b. Duration		
c. Progression		
d. aggravating factors		
e. relieving factors		
f. associated factors		
g. If pain is the presenting symptoms then ask(SOCRATES) site, onset, character, radiation, timing, exacerbating factors, severity		

DETAIL OF EACH SYMPTOM SHOULD BE TAKEN IN SIMILAR PATTERN

4. SYSTEMIC REVIEW	
• General	
fatigue, change in weight, appetite, sleep	
• Skin	
change in skin color, rash, nail or hair changes	
• Respiratory	
Cough	
shortness of breath? (dyspnea)	
wheezing or tightness in your chest?	
sputum/phlegm or blood in cough (hemoptysis)?	
chest pain with coughing or breathing? (pleurisy)	

- Cardiovascular

chest pain

Shortness of breath when lying down or need to sit up to breathe? (orthopnea)/ at night (paroxysmal

nocturnal dyspnea)

feet swelling? (edema)

irregular heartbeats or sensation that your heart is racing or skipping beats? (palpitations)

- Gastrointestinal

difficulty swallowing? (dysphagia)

Heartburn? (reflux)

nausea, vomiting, blood in vomiting(hematemesis)

pain abdomen

excessive belching/burping?

excessive gas? (flatulence)

difficult or infrequent bowel movements (constipation)?

loose or frequent bowel movements (diarrhea)?

bloody or black tarry stools? (melena)

yellowish discoloration of the skin/whites of the eyes with dark urine (jaundice)

rectal pain , rectal discharge or rectal itching (pruritis ani)?

- Neurologic

fainting or passing out? (syncope)

seizures?

weakness on one side of your body? (paralysis)

shaking that you can't stop? (tremors)

loss of feeling (anesthesia) or numbness (paresthesia) in part of your body?

dizziness?

loss of balance or lack of coordination? (incoordination)

alterations in consciousness?

Headache

- Urinary

urinating often? (frequency)

need to urinate suddenly? (urgency)

burning when you urinate? (dysuria)

urinating blood? (hematuria)

getting up more than once a night to urinate? (nocturia)

loss of control of urinating? (urinary incontinence)

pebbles or gravel in your urine? (renal stones)

slow to start urinating? (hesitancy)

- Endocrine

swelling in neck

feeling unusually hot or cold? (heat/cold intolerance)

loss of sexual drive? (libido)

excessive thirst?

Hat/ring / glove size getting bigger? (enlarging glove or hat size)

- Hematopoietic

swelling, lumps or bumps anywhere. (lymphadenopathy, enlarging glands)

bleeding or bruising tendencies?

frequent or unusual infections?

- Musculoskeletal

frequent fractures?

trouble with your joints such as pain, stiffness or swelling?

muscle pain or weakness?

low back pain?

difficulty moving or walking?

aching or cramping pain in calves while walking? (claudication)

- Head and Neck

headaches?

head injury? (trauma)

neck stiffness?

- Eyes

bright flashes of light?

changes in vision?

spots in visual field (floaters)?

double vision? (diplopia)

pain, redness of eyes

- Ears, Nose, Sinuses, Mouth and Throat

sore throat?

painful tooth?

decreased or a change in your sense of taste?

difficult speech/ hoarseness of voice

nasal drainage or nosebleeds? (epistaxis)

loss of hearing

ringing in ears

- Breasts

pain/ mass / discharge

Male Reproductive
lump or swelling of your scrotum? (scrotal swelling or mass/ hernia)
scrotal pain?
discharge from your penis? (urethral discharge)
sores on your penis?

Psychiatric
nervousness? (anxiety)
being sad or blue? (depression)
having a really up mood? (mania)
seeing or hearing things that don't exist? (hallucinations)

5. PAST MEDICAL HISTORY

Past major illness for which admitted in hospital or took treatment

6. PAST SURGICAL HISTORY

Surgical procedures and hospital admissions

7. OBSTETRIC AND GYNAECOLOGICAL HISTORY

- a. Menstrual history (onset of menses, cycle length, pads soaked per daily)
- b. Number of pregnancies and complications
- c. Menopause (onset)
- d. Contraception methods

8. IMMUNIZATION HISTORY

BCG, Hepatitis B, COVID , EPI vaccines, other vaccines

9. FAMILY HISTORY

- a. ages of immediate family members
- b. physical and mental health of immediate family members
- c. family members with similar symptoms and signs
- d. Presence of chronic and/or infectious diseases in family members

10. SOCIAL HISTORY

- a. Marriage/other relationships and outcome (e.g. spouse, partner, children)
- b. Household composition/living situation (e.g. alone or with others, relationships; care giving)

11. PERSONAL HISTORY

Tobacco, Alcohol, Recreational drugs use

Sexually active Partners (ask male/female/both), history of sexually transmitted disease

Occupational hazard/environmental exposures

GENERAL PHYSICAL EXAMINATION

1. Greetings	Checked	Unchecked
2. Informed content		
3. Adequate exposure		
4. General appearance (young/ old, healthy/ill)		
5. Physique (normal, tall/short, obese/thin lean, puffy)		
6. Consciousness (alert, confused, drowsy, unconscious)		
7. Posture		
8. BMI		

Vital Signs

1. Blood pressure(mmHg)
2. Pulse per minute, rate, rhythm, character, volume, peripheral pulses, radio radial delay, radio femoral delay, condition of vessel wall
3. Temperature
4. Respiratory rate per minute
5. Hydration status

Hand examination

1. Nails (cyanosis, koilonychia, clubbing, splinter hemorrhage, leukonychia, pitting, half and half nails)

2. Fingers (Osler's nodes, Heberden's nodes, Bouchard's node, joint swelling, deformity of fingers, arachnodactyly)
3. Palm (pallor, palmer erythema, sweating, Dupuytren's contracture)
4. Face (puffiness, proptosis, xanthelasmata, color of lower conjunctiva, sclera color, skin color, rash, hirsutism, parotid glands, lips, tongue)
5. Neck (thyroid, neck veins, lymph nodes)
6. Axilla (lymph nodes)
7. Groin (lymph nodes)
8. Feet (clubbing, koilonychia, cyanosis, loss of hair, edema)
9. Edema (dorsum of foot, behind medial malleolus, shin, sacrum)

GASTROINTESTINAL SYSTEM EXAMINATION

Inspection

Shape of abdomen, Movements of abdominal wall, Umbilicus, Pulsations, Scar, Striae, Prominent veins, Pubic hairs, Hernia orifices

Checked

Unchecked

Palpation

1. Superficial palpation
2. Deep palpation
3. Palpation of viscera (liver, spleen, kidneys, urinary bladder)
Abdominal mass/ LN/ Aorta
4. Dipping palpation

Percussion

1. For viscera (liver, spleen, urinary bladder, other masses)
2. For ascites(shifting dullness, fluid thrill)

Auscultation

Bowel sounds, Bruit, Friction sounds

Groin and genitalia

1. Hernias (inguinal, femoral)
2. Male/ female genitalia
3. Rectal examination

Gastroenterology Clinical Rotation Details

Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude	MOT/MIT	MOA	
			Cognition	Skill	Attitude	1	2	3	P1	2	A1	A2		
1st WEEK														
Monday	GI	General introduction to Gastroenterology and Medical ethics	Students will be able to: a) Recognize the importance of clinical gastroenterology and context for theoretical learning so that one can see how learning about body system and social sciences are applied to care for patients. b) Recognize and evaluate different ethical problems including priority setting, moral dilemma and resolving conflict. Analyze different ethical problems and know different approaches. c) Recognize the importance of informed consent before examining a patient or any procedure. Recognize the importance of counseling of patients and attendants in	Students will be able to: Take detailed history of different GI symptoms	Students will be able to: Take Consent for History				✓	✓	✓		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD

different clinical settings. d) Recognize respect for patient autonomy and act in best interest of patient and maintaining confidentiality. Student will be able to take details of different symptoms of gastrointestinal disease (jaundice, dysphagia, hematemesis, ,melena, abdominal distension,abdominal pain, diarrhoea, constipation, altered bowel habit, vomiting, odynophagia,weight loss,loss of appetite

Tuesday	GI	<p>History Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness. Systemic Inquiry, Past Medical History, Family History, Occupational History, Personal History, Travel History, Blood transfusion history Developmental + Obstetrics History.</p> <p>Systemic Inquiry Vomiting, jaundice, pain in abdomen,</p>	<p>Student will be able to: Demonstrate art of history taking including all components of history, Presenting complaint, History of presenting illness in detail and in chronological order.</p> <p>Students will be able to: Demonstrate systemic inquiry in detail and past medical history</p> <p>Students will be able to:</p> <ul style="list-style-type: none"> a) Describe different components of history like Family History, Occupational History, Personal History, Developmental+ Obstetrics History <p>Students will be able to:</p> <ul style="list-style-type: none"> a) Recall different causes of vomiting b) Explain causes 	<p>Student will be able to: Take detailed history</p> <p>Students will be able to:</p> <ul style="list-style-type: none"> can take detailed 	<p>Student will be able to: Take Consent for History and clinical examination</p>	✓	✓	✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, OSCE MINICEX, CBD
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	acute and chronic diarrhea	and types of jaundice c) tell different causes of generalized and localized abdominal pain d) Recall different causes of acute and chronic diarrhea and differentiate between two on the basis of history	history Of vomiting, jaundice, abdominal pain and diarrhea and able to make differential diagnosis related to these symptoms					
	General physical examination. Pulse, BP, Temp. Resp Rate palmar erythema, koilonychia, leukonychia, clubbing , Dupuytren contracture, LN, jaundice, eye brow/ lashes, oral cavity, edema, gynecomastia, wasting, proximal	Recall causes of bradycardia, tachycardia, fever, hypothermia and tachypnea Students will be able to: a) Recall different causes of jaundice, clubbing, palmar erythema b) koilonychia, pallor, leukonychia and edema. c) tell causes of oral ulcers, glossitis, cheolysis, gum hypertrophy, oral pigmentation eyebrow & lashes changes	Students will be able to: a) Take history and perform GPE relevant to abdominal examination and able to pick these signs on examination. b) can perform examination of oral cavity					

		myopathy),							
Wednesday	GI	Abdominal examination: Inspection Palpation, including superficial, deep for visceromegaly, abdominal masses	Students will be able to: a) Recall different causes of distended abdomen, significance of prominent veins and scar marks. Can differentiate different shapes of umbilicus and their position. b) tell causes of abdominal masses	Students will be able to: Take history and perform inspection, superficial and deep palpation of abdomen and relevant clinical examination.	Students will be able to: Take Consent for History and Clinical Examination	✓	✓	✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) OSPE,OSCE MINICEX, CBD

Thursday	GI	Inspection Palpation, including superficial, deep for visceromegaly, abdominal masses, Percussion including shifting dullness, fluid thrill and visceral/ mass, and Auscultation of bowel sound, visceral bruit	Students will be able to: a) Recall different causes of hepatomegaly, splenomegaly, causes of palpable kidneys and other abdominal masses b) Differentiate between kidney and spleen on examination c) Recall causes of abnormal percussion notes of abdomen d) Recall causes of positive fluid thrill and shifting dullness. e) Describe different causes of absent bowel sounds	Students will be able to: Take history and perform abdominal examination to pick visceromegaly and other masses and relevant examination	be able to: Take Consent for History and Clinical Examination	✓✓		SGD / BED SIDE SESSIONS (Grand Ward Round s, Teaching Ward Round s)	MINICEX, CBD
Munday	GI	Reinforcement of GI history taking, symptomatology and examinations including	Student will be able to take details of different symptoms of gastrointestinal disease (jaundice, dysphagia, hematemesis, ,melena, abdominal distension,abdominal pain,		Students will be able to: Take Consent for History and				OSPE,OSCE MINICEX, CBD

	<p>(hematemesis, melena, jaundice, dysphagia, diarrhea, abdominal pain, GPE palmar erythema, koilonychia, leukonychia, clubbing, Dupuytren contracture, LN, jaundice, eye brow/lashes, oral cavity, edema, gynecomastia, wasting, proximal myopathy), inspection, palpation, percussion and auscultation.</p>	<p>diarrhoea, constipation, altered bowel habit, vomiting, odynophagia, weight loss, loss of appetite</p> <p>Student will be able to: Demonstrate art of history taking including all components of history, Presenting complaint, History of presenting illness in detail and in chronological order. Demonstrate systemic inquiry in detail and past medical history, Family History, Occupational History, Personal History, Developmental+ Obstetrics History</p> <p>Students will be able to: Perform GPE. Pick findings relevant to gastrointestinal diseases.</p> <p>Students will be able to: Perform abdominal examination and pick findings</p>	<p>Clinical Examination</p>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<p>SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds</p>
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			relevant to exam.						
Tuesday	GI	Approach to patient with Gastrointestinal bleed, including causes, clinical signs, investigations plan and initial management	<p>Students will be able to:</p> <p>a) know Etiology and clinical features of acute and chronic upper & lower GI bleed</p> <p>b) Suggest Differential diagnosis, investigations and severity assessment</p> <p>Construct initial treatment plan according to etiology</p>	<p>Students will be able to:</p> <p>a) Take Consent for History, Clinical Examination and Procedure .</p> <p>b) Counsel and educate patient</p>	✓	✓	✓	✓	OSPE,OSCE MINICEX, CBD SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward)

Wednesday	GI	Approach to patient with ascites, including causes, clinical signs, investigations plan and initial management	<p>Students will be able to:</p> <p>know Etiology and clinical features of CLD, HF, NS</p> <p>b) Suggest Differential diagnosis, (High/ Low SAAG, investigations and assessment</p> <p>c) Discuss complications. (SBP Hernias)</p>	<p>abdominal & relevant clinical examination acc to cause .</p> <p>b) Perform interpretation of blood tests, imaging (ultrasound, plain x ray abdomen) including nuclear medicine</p> <p>c) Observe GI endoscopy</p> <p>Students will be able to:</p> <p>Take history and perform abdominal & relevant</p>	<p>about disease, its diagnosis, treatment and outcome.</p> <p>a)</p> <p>Take Consent for History, Clinical Examination and Procedures .</p> <p>b) Counsel</p>	✓	✓	✓	Rounds	OSPE,OSCE MINICEX, CBD SGD / BED SIDE SESSIONS (Grand Ward

Thursday	GI	Ward test		<p>clinical examination acc to cause</p> <p>b) Perform & interpretation of investigations(LFTs,albumin PT, INR, APTT, ECG, urine analysis, CXR, USG(abdomen/pelvis)</p> <p>c) Observe / Assist Ascitic tap, Assist HCW in management of patient</p>	<p>and educate patient about disease, its diagnosis, treatment and outcome</p>			Rounds, Teaching Ward Rounds	
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Gastroenterology Emergency Evening Clinical Program

Sr #	Topic	SPECIFIC LEARNING (SLO)	OBJECTIVE S			Cognition	Psychomotor		Attitude	MOT/MIT			MOA	
		Knowledge	Skill	Attitude	C1	C2	C3	P1		P2	A1	A2		
Day 1.	1. Introduction to ER services regarding the triage system. 2. History taking and examination . 3. Monitoring of vitals	1. Should be able to describe the components of a triaging system in ER and its importance in differentiating stable vs sick patients. 2. Should be able to describe the importance and components of vitals.	1. Should observe how the resident does triage. 2. Students should be able to take a quick history and perform relevant clinical examination (focus on GI & Hepatology) under guidance of resident 3. Student should be able to check the vitals including pulse, blood pressure, temperature, and respiratory rate with proper method.	Student will be able to Take Consent for History, Clinical Examination .			✓					✓	SGD / BED SIDE SESSION S	OSPE/MCQ S

Day 2	<p>1. Introduction to and maintenance of record.</p> <p>2. Observation of IV cannulas and IM injections</p>	<p>1. Students should be able to describe the importance of record keeping and documentation.</p> <p>2. Should be able to describe indications and complications of IV and IM injections.</p>	<p>1. Students will be able to observe and assist resident about record keeping and the importance of documentation.</p> <p>2. Student should observe and assist resident in IV and IM canulation.</p>	<p>Students will be able to</p> <p>1. Take consent for history and examination</p> <p>2. Take consent for IM and IV injections and explain procedure to the patient.</p>		✓		✓						✓

DAY 3	<p>1. should be able to describe the indications of types of IV drips and rate of setting.</p> <p>2. Should be able to describe different types of drugs being used as</p>	<p>Students will be able to:</p> <p>1. Observe resident regarding setting of IV drips</p> <p>2. Observe how to set up a nebulizer</p>	<p>Students will be able to:</p> <p>1. Counsel the patient regarding use of IV drips in a particular setting and its benefits and side effects.</p>		✓		✓		✓	SGD / BED SIDE SESSI ONS	OSPE/ MCQ
DAY 04	<p>Approach to a patient with GI bleed</p> <p>Should be able to enumerate causes of upper & lower GI bleed</p> <p>Should be able to identify whether patient is in hypovolemic shock or not</p> <p>clinical features of acute and chronic upper & lower GI bleed</p>	<p>Should be able to</p> <p>enumerate causes of upper & lower GI bleed</p> <p>Should be able to</p> <p>identify whether patient is in</p> <p>hypovolemic shock or</p> <p>not</p> <p>clinical features of</p> <p>acute and chronic</p> <p>upper & lower GI bleed</p>	<p>Student will be able to:</p> <p>1. Take History of a patient with upper & lower GI bleed and do clinical examination under HCW guidance.</p> <p>2. Should take vitals esp. pulse,</p>	<p>Student will be able to:</p> <p>Take Consent for History, Clinical Examination under supervision of resident/SR</p>				✓	✓	SGD / BED SIDE SESSI ONS	MCQ/SEQ

Approach to patient with ascites	Suggest Differential diagnosis and early assessment Construct an initial treatment plan according to etiology	blood pressure, should look for postural drop and urine output as a marker of hypovolemic shock 3. .	Counsel the patient regarding cause of GI bleed under guidance of resident								
	Students will be able to: know Etiology and clinical features of CLD, HF, NS e) Suggest Differential Diagnosis, (High/	Students will be able to:									

Approach to patient with portosystemic encephalopathy	Low SAAG, investigations and initial assessment	Take history and perform abdominal & relevant clinical examination acc to cause under guidance of resident / SR Perform interpretation of investigations (LFTs, albumin PT, INR, APTT, ECG, urine analysis, CXR, USG(abdomen/pelvis) under guidance of resident / SR	Students will be able to: Take Consent for History, Clinical Examination and Procedure under guidance of resident / SR Counsel and educate patient about disease, its diagnosis, treatment and outcome					
	Students will be able to: know Etiology and clinical features and precipitating factors of PSE. Suggest Differential Diagnosis and initial assessment	Observe / Assist Ascitic tap Assist HCW in management of Patient	Students will be able to:					

		<p>Students will be able to:</p> <p>Take history and perform abdominal & relevant clinical examination under guidance of resident / SR</p> <p>Observe / Assist NG tube insertion</p> <p>Assist HCW in management of patient</p>	<p>Take Consent for History, Clinical Examination and under guidance of resident / SR</p> <p>Counsel and educate patient about disease, its treatment and outcome</p>										
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Assessment

Total mark: 100

1. OSCE

Total stations: 7

Each station mark: 10

2. CIA

Attendance mark: 10

Logbook mark : 20

Sr. No	Skill/Competency	Findings	Diagnosis	Marks Obtained	Total Marks	Signature
1	Structured History of Dysphagia					
2	Structured History of GI Bleed					
3	Structured History of abdominal distension					
4	Structured History of abdominal pain					
5	GPE (focused on gastrointestinal signs)					
6	Abdominal examination (inspection & palpation)					
7	Abdominal examination (palpation & percussion)					

CIA		Total Marks: 30
Histories and Logbook 20 marks	Attendance 10 marks	
If 5 Histories and Logbook are completed 20 marks less than 5 histories and Logbook is not completed 0 marks	>90% 10marks	0 marks

Continuous Internal Assessment

Total number of Histories = 5

Logbook entries : Yes/ No

Average score = _____

Percentage of Attendance = _____

Average score of attendance = _____

Total CIA marks = Av. of Hx & Logbook + Av. of Attendance = _____ / 30

Ward test marks = OSCE + AV OSCE = _____ /70

Total Marks = Ward test + CIA = _____ Percentage _____

In charge AP/SR _____ Signature: _____

Name Head of Unit: _____ Signature: _____

Study Resources

Recommended Resources

(Bold ones are essential)

1. **Kumar and Clark's Clinical Medicine, 10th Edition, 2020**
2. **Davidson's Principles and Practice of MEDICINE, 24th edition 2023**
3. **Videos on clinical skills available on NEJM website, free online.**
4. **MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition 2018**
5. **Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020**
6. MacLeod's Clinical Diagnosis by Alan G Japp & Colin Robertson Elsevier, 2nd Edition 2017
7. Medical Statistics Made Easy, Harris & Taylor. Churchill Livingstone, 2nd Edition, 2008
8. RMU/HEC Digital Library
9. Uptodate available at RMU Library
10. ABC of Practical Procedures by Tim Nutbeam and Ron Daniels: Blackwell Publishing, BMJ Books, UK, 2010
11. RAPID ACLS by Barbara Aehlert: Elsevier Revised 2nd Edition 2012
12. Kaplan USMLE Step-2 CK Lecture Notes
13. Current Medical Diagnosis & Treatment, 61st Edition, 2024
14. Cecil's Essentials of MEDICINE: By Andreoli and Carpenter, 10th edition 2021.
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